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Jan 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K88115 (6)

1. Corporation Name  
JAMES M. NICHOLAS, P.A.



Principal Place of Business: 1901 S. HARBOR CITY BLVD. SUITE 705 MELBOURNE FL 32901  
Mailing Address: 1901 S. HARBOR CITY BLVD. SUITE 705 MELBOURNE FL 32901-4772

3. Date Incorporated or Qualified: 05/15/1989  
3a. Date of Last Report: 02/02/1996  
4. FEI Number: 59-2947273  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 1815 S. Patrick Drive  
22 Indian Harbour Beach, FL  
23 32937  
2a. Mailing Address  
26 1815 S. Patrick Drive  
27 Indian Harbour Beach, FL  
28 32937

9. Name and Address of Current Registered Agent: NICHOLAS, JAMES M. 1815 S. Patrick Drive Indian Harbour Beach, FL 32937  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLAS, JAMES M.	1.2 NAME	
STREET ADDRESS	<del>1901 S. HARBOR CITY BLVD</del>	1.3 STREET ADDRESS	1815 S. Patrick Drive
CITY - ST - ZIP	<del>MELBOURNE FL</del>	1.4 CITY - ST - ZIP	Indian Harbour Beach, FL 32937
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLAS, JAMES M.	2.2 NAME	
STREET ADDRESS	<del>1901 S. HARBOR CITY BLVD</del>	2.3 STREET ADDRESS	1815 S. Patrick Drive
CITY - ST - ZIP	<del>MELBOURNE FL</del>	2.4 CITY - ST - ZIP	Indian Harbour Beach, FL 32937
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *James M. Nicholas* PRESIDENT 1/21/97 (407) 723-3884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)